

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 261-7083
Phone #: (608) 266-2112

Ship To: 1400 E. Washington Avenue
Madison, WI 53703
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

CERTIFICATE OF COMPLETION OF A DEPARTMENT APPROVED COMPREHENSIVE SUBSTANCE ABUSE EDUCATION PROGRAM

APPLICANT: COMPLETE TOP PORTION OF THIS FORM AND FORWARD TO THE SCHOOL IN WHICH YOU COMPLETED THE SUBSTANCE ABUSE PROGRAM. If you held a certificate from the Wisconsin Certification Board and obtained 100 or more hours of approved education prior to March 1, 2007, please contact the Department at 608-266-2112 prior to completing this form.

Please check a box: ☐ SAC-IT ☐ SAC ☐ CSAC

Last Name First Name MI Former/Maiden Name(s)

Address (street, city, state, zip)

Date of Birth

Social Security # (Voluntary-For use by school to locate your records)

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I hereby authorize the school named below to provide the Department with the information requested below.

Applicant Signature Date / /

SCHOOL: COMPLETE SECTION BELOW AND RETURN DIRECTLY TO DSPS. YOU MAY FAX/EMAIL WITH FACILITY COVER SHEET/LETTER TO: (608) 261-7083 or dspscredsubstanceabuse@wisconsin.gov.

Name of School and Degree/Certificate/Program

The above named applicant has graduated from or completed (please check a box below):

SAC-IT

- ☐ 100 hours of specialized education in the performance domains of assessment, counseling, case management, education and professional responsibilities as part of a comprehensive program approved by the Department (per Wis. Admin. Code Ch. SPS 166.07).

SAC/CSAC

- ☐ 360 hours of specialized education in substance use disorder counseling within a comprehensive program approved by the Department (per Wis. Admin. Code Ch. SPS 166.07).

Date of Graduation or Completion: / /

Signed Date / /

Title